FORM D Notice of Exer Offering of Secu

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ities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

astatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

OMB Number: 3235-0076 Expires: November 30, 2008

OMB APPROVAL

Estimated average burden hours per response: 4.00

Item 1. Issuer's identity Name of Issuer Entity Type (Select one) Previous Name(s) X None Corporation Pines Edge Value Investors L.P. Limited Partnership Jurisdiction of Incorporation/Organization **Limited Liability Company** Delaware General Partnership **Business Trust** Year of Incorporation/Organization Other (Specify) (Select one) (Within Last Five Years Yet to Be Formed Over Five Years Ago (specify year) (If more than one issuer is filing this notice, check this box 🔲 and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).) Item 2. Principal Place of Business and Contact Information Street Address 2 Street Address 1 Suite 330 601 Carlson Parkway Phone No. City State/Province/Country ZIP/Postal Code DEC 0 2 2008 Minnetonka Minnesota USA 55305 612-238-3300 THOMSON REUTERS Item 3. Related Persons Last Name First Name Middle Name SEC Mail Processing Pine River Domestic Management L.P. Section : Street Address 2 Street Address 1 ից ՀԱՄՈ Suite 330 VON 601 Carlson Parkway State/Province/Country ZIP/Postal Code City (Alashington, DC Minnesota USA 55305 Minnetonka Executive Officer ☐ Director ☒ Promoter Relationship(s): Clarification of Response (if Necessary) (Identify additional related persons by checking this box \square and attaching Item 3 Continuation Page(s).) Item 4. Industry Group (Select one) **Business Services** Agriculture Construction **Banking and Financial Services** Energy **REITS & Finance** Commercial Banking **Electric Utilities** Residential **Energy Conservation** Insurance Other Real Estate **Coal Mining** Investing Retailing Investment Banking **Environmental Services** Restaurants Oil & Gas **Pooled Investment Fund** Technology Other Energy If selecting this industry group, also select one fund Computers type below and answer the question below: **Health Care** Telecommunications Hedge Fund Biotechnology Other Technology Private Equity Fund Health Insurance Venture Capital Fund Travel Hospitals & Physcians **Airlines & Airports** Other Investment Fund **Pharmaceuticals Lodging & Conventions** is the issuer registered as an investment Other Health Care company under the Investment Company Tourism & Travel Services Manufacturing Act of 1940? Yes No Other Travel Real Estate Other Banking & Financial Services

Commercial

Other

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in
_	OR Item 4 above)
O No Revenues	No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	S50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	 Decline to Disclose
Not Applicable	Ont Applicable
Item 6. Federal Exemptions and Exclusions Clai	med (Select all that apply)
	vestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3)
Rule 504(b)(1)(iii)	Section 3(c)(4)
Rule 505	Section 3(c)(5)
Rule 506	T Costion 2/s\(6\)
Securities Act Section 4(6)	Section 5(c)(14)
	y
Item 7. Type of Filing	
New Notice OR	t
Date of First Sale in this Offering: January 1, 2007	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	one year? X Yes No
Item 9. Type(s) of Securities Offered (Select a	all that apply)
	▼ Pooled Investment Fund Interests
☐ Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busine transaction, such as a merger, acquisition or exchange offer	1 190
Clarification of Response (if Necessary)	

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Item 11. Minimum Investment
Minimum investment accepted from any outside investor \$ 0
Item 12. Sales Compensation
Recipient CRD Number
□ No CRD Number
(Associated) Broker or Dealer
□ No CRD Number
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
City State/Province/Country ZIP/Postal Code
States of Solicitation
AL AK AZ AR CA CO CT DE DC FL GA HI DD IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR (Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).
Item 13. Offering and Sales Amounts
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(a) I otal Offering Amount
(b) Total Amount Sold \$ 41,149,000
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary) OR Indefinite
Item 14. Investors
Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:
Enter the total number of investors who already have invested in the offering:
Item 15. Sales Commissions and Finders' Fees Expenses
Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and
check the box next to the amount.
Sales Commissions \$ 0 Estimate
Clarification of Response (if Necessary) Finders' Fees \$ 0 Estimate

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vide the amount of the gross proceeds of the offering that he	
ectors or promoters in response to Item 3 above. If the amo imate and check the box next to the amount.	amed as executive officers, \$ U
Clarification of Response (if Necessary)	
gnature and Submission	
Please verify the information you have entered and re	view the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice	ce, each identified issuer is:
such service may be made by registered or certified against the issuer in any place subject to the jurisdict activity in connection with the offering of securities to provisions of: (i) the Securities Act of 1933, the Securities Act of 1940, or the Investment Advisers Act State in which the issuer maintains its principal place.	
Certifying that, if the issuer is claiming a Ru the reasons stated in Rule 505(b)(2)(iii).	le 505 exemption, the issuer is not disqualified from relying on <u>Rule 505 for one of</u>
* This undertaking does not affect any limits Section 102(a) 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of Stat "covered securities" for purposes of NSMIA, whether in all i) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, tes to require information. As a result, if the securities that are the subject of this Form D are nstances or due to the nature of the offering that is the subject of this Form D, States cannot or otherwise and can require offering materials only to the extent NSMIA permits them to do
* This undertaking does not affect any limits Section 102(a) 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of Stat "covered securities" for purposes of NSMIA, whether in all i routinely require offering materials under this undertaking so under NSMIA's preservation of their anti-fraud authority	of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, tes to require information. As a result, if the securities that are the subject of this Form D are instances or due to the nature of the offering that is the subject of this Form D, States cannot for otherwise and can require offering materials only to the extent NSMIA permits them to do to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
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Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Taylor Brian Street Address 2 Street Address 1 601 Carlson Parkway, Suite 330 c/o Pine River Domestic Management L.P. State/Province/Country ZIP/Postal Code City 55305 Minnetonka Minnesota USA Relationship(s): X Executive Officer Director Promoter Clarification of Response (if Necessary) | Chief Executive Officer of Pine River Domestic Management L.P., its General Partner Last Name Middle Name First Name Stolt Jeff Street Address 2 Street Address 1 601 Carlson Parkway, Suite 330 c/o Pine River Domestic Management L.P. State/Province/Country ZIP/Postal Code City Minnetonka Minnesota USA 55305 Relationship(s): Clarification of Response (if Necessary) | Chief Financial Officer of Pine River Domestic Management L.P., its General Partner Last Name Middle Name First Name Street Address 2 Street Address 1 City State/Province/Country ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 1 Street Address 2 State/Province/Country ZIP/Postal Code City Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)
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